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JCS85 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	KEL-2064US-JEL/MAS (10026327)	Total Pages	34
	First Named Inventor or Application Identifier			
	Lori WILSON			
	Express Mail Label No.			
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
1. <input type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>30</u>] (Preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>4</u>]		ACCOMPANYING APPLICATION PARTS		
4. Oath or Declaration a. <input checked="" type="checkbox"/> UNSIGNED b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s)		
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No:		15. <input type="checkbox"/> Other:		
17. <input type="checkbox"/> For this application, please cancel original Claims of the prior application before calculating the filing fee.				
18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label ----- or <input checked="" type="checkbox"/> Correspondence Address below				
Name: Mary Anne Schofield, Ph.D. Address: Fulbright & Jaworski L.L.P. 801 Pennsylvania Avenue, N.W. Washington, D.C. 20004				
19. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Mary Anne Schofield at: Telephone: (202) 662-4584 Fax: (202) 662-4643				
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Mary Anne Schofield, Ph.D. Reg. No. 36,669			
SIGNATURE				
DATE	January 2, 2001			

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